



March 8, 2022

Re: SB 246, and SB 251

To Senator Slap, Representative Elliott, and honorable member of the Higher Education and Employment Advancement Committee,

My name is Christina Mukon Morrissey and I write to you on behalf of the Connecticut APRN Society. In addition, I am a family nurse practitioner and the Director of Quality of a local mental health authority working in behavioral health and substance use treatment for adults and children. I am responsible for the training and onboarding of our medical and behavioral health providers.

I am pleased to see the attention given to the shortage of healthcare providers in the state of Connecticut. In addition to the topics within SB 246 and SB 251, we would like to underscore the importance of addressing additional language that impact the ability of APRNs to be trained and work in the state of Connecticut. APRNs have been independent healthcare providers in Connecticut since 2014, providing safe high-quality care throughout Connecticut and the nation. Many APRNs in Connecticut own their own practices and take students as well. **In addition, the Bureau of Labor Statistics expects that the rate of growth of APRNs will be 45% from 2020 to 2030, compared to 3% for physicians.ⁱ With the expected growth rate of APRNs as healthcare providers, the improvement of practice barriers is imperative to position Connecticut for success.**

Currently APRNs in the state of Connecticut must have a collaborative agreement with a physician for the first 3 years of practice. This requirement of a collaborative agreement with a physician is an arbitrary cost and requirement that is not how healthcare operates. When collaboration is needed, it is typically to a specialist. This requirement prohibits APRNs from hiring other new graduate APRNs. It also makes attracting APRNs from out of state very difficult. Many states do not have the requirement for a collaborative agreement including our neighbor of Rhode Island. Massachusetts requires a 2-year collaborative agreement that can be with an APRN. The restrictive collaborative practice language limits the ability of APRNs to practice in Connecticut and makes other states more desirable employment options.

Importantly, **the collaborative agreement requirement is not associated with improved quality of care.** A major healthcare review in 2021 specifically evaluated the impacts of state level practice restrictions on the quality of care. It showed that these requirements are not associated with improved quality of care but *are* associated with increases cost of chronic disease management, increase ED utilization, increased 30 day rehospitalization rates, and decreased access to care.ⁱⁱ

We request consideration of the following:



1. Related to reciprocity for out of state licensure, we request that you include language specifically for collaboration agreements for APRNs from out of state. Currently experienced APRNs from other states need a new collaborative agreement in order to practice in Connecticut, despite their known expertise. This oversight prohibits practices from hiring APRNs from out of state and makes Connecticut a less desirable place to work. DPH has also recommended this change as well in the Draft Interstate Compacts Report to the Legislature.ⁱⁱⁱ Our request is that the experience of APRNs from out of state is considered in relation to the need for a collaborative agreement specified in Chapter 378.
2. We also request that inclusion of language to allow for a collaborative agreement of new graduate APRNs with fellow APRNs as well as physicians. The current language allows for the collaborative agreement only with physicians which limits that ability of mental health providers to hire other providers. In practice, this collaborative agreement is only piece of paper that is paid for rather than utilized because collaboration is typically done with other specialists or colleagues that are present. This is especially pertinent to mental health as APRNs are one of the primary mental health providers as well.

Hundreds of studies over the past decades have confirmed that APRNs provide high-quality care with comparable outcomes to physicians. Numerous studies have also confirmed that practice restrictions decrease the access to care, increase costs, and do not improve the quality of care. The updates listed above will help Connecticut to attract and keep the healthcare providers that it trains while maintaining high standards of care. Thank you for your consideration. This is an active and real barrier to practice in Connecticut currently and if we don't fix the problem now, it will continue to grow over the next decade.

Christina Mukon Morrissey DNP PhD(s) FNP NP-C
Health Policy Chair
Connecticut APRN Society
ChristinaMukon@gmail.com

ⁱ Bureau of Labor Statistics, U.S. Department of Labor, *Occupational Outlook Handbook*, Nurse Anesthetists, Nurse Midwives, and Nurse Practitioners, at <https://www.bls.gov/ooh/healthcare/nurse-anesthetists-nurse-midwives-and-nurse-practitioners.htm> (visited January 05, 2022).

ⁱⁱ Yang, B. K., Johantgen, M. E., Trinkoff, A. M., Idzik, S. R., Wince, J., & Tomlinson, C. (2021). State Nurse Practitioner Practice Regulations and U.S. Health Care Delivery Outcomes: A Systematic Review. *Medical Care Research and Review*, 78(3), 183–196. <https://doi.org/10.1177/1077558719901216>

ⁱⁱⁱ Juthani, M. (2022). *Draft Interstate Compacts Report to the Legislature*. State of Connecticut Department of Public Health.